
State: Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Group Annuity Contract Application
Project Name/Number: 2013 Update/

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)
Product Name: Group Annuity Contract Application
State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable
Sub-TOI: A02.1G.002 Flexible Premium
Filing Type: Form
Date Submitted: 11/13/2012
SERFF Tr Num: MNLF-128721170
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: 01/01/2013
Date Requested:
Author(s): Nadia Petri, Vanessa Ruszczyk, Sandra Vultao, Tony Ciarleglio
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/26/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Group Annuity Contract Application
Project Name/Number: 2013 Update/

Filing Company: John Hancock Life Insurance Company (U.S.A.)

General Information

Project Name: 2013 Update
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 11/26/2012
State Status Changed: 11/26/2012
Created By: Tony Ciarleglio
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed - Pending Approval
Market Type: Group
Group Market Size: Small
Overall Rate Impact:
Deemer Date:
Submitted By: Tony Ciarleglio

Filing Description:
RE: John Hancock Life Insurance Company (U.S.A.)

Forms: GP1600(AR)(0113) – Group Annuity Contract Application
GP1602(AR)(0113) – Group Annuity Contract Application

We are submitting the above-mentioned form for your approval.

- Form GP1600(AR)(0113) is similar to form GP1600(AR)(0711) which was approved on July 21, 2011 - (MNLF-127324195).
- Form GP1602(AR)(0113) is similar to form GP1602(AR)(0711) which was approved on July 21, 2011 - (MNLF-127324195).

We would like to begin using this form effective January 1, 2013.

We have made clarifications regarding distinct use of each application.

The lead form application has been reformatted. Under Section C – PLAN INFORMATION, Question 5: “Are you using the John Hancock Life Insurance (U.S.A.) Prototype Plan Document?” has been removed.

We have provided a “Forms Use Summary” which shows the forms that will be used with the above noted applications. We certify that no other changes have been made.

THESE FORMS WILL BE USED WITH OUR UNALLOCATED NON-PARTICIPATING GROUP ANNUITY CONTRACTS SOLD ONLY TO TRUSTEES OF PROFIT SHARING AND PENSION PLANS QUALIFIED UNDER SECTION 401(a) OF THE INTERNAL REVENUE CODE AND TRUSTEED ELIGIBLE DEFERRED COMPENSATION PLANS OF STATE AND LOCAL GOVERNMENTS DESCRIBED IN SECTION 457(b) OF THE INTERNAL REVENUE CODE.

These forms are being submitted to all states except New York.

Your consideration of this submission is appreciated, and we look forward to receiving the Department’s approval. We will be submitting, via EFT, any applicable filing fee.

State: Arkansas
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Group Annuity Contract Application
Project Name/Number: 2013 Update/

Regards,

Tony Ciarleglio, Regulatory Analyst
Contract Compliance - Retirement Plan Services
John Hancock Life Insurance Company (U.S.A.)
200 Bloor Street East, 5th Floor C52
Toronto, Ontario, Canada M4W 1E5
(416)852-5074 Fax: (416)852-7166
E-mail: tony_ciarleglio@jhancock.com

Company and Contact

Filing Contact Information

Tony Ciarleglio, Contract Analyst
250 Bloor Street East
South Tower 5th Floor C52
Toronto, ON M4W 1E5

tony_ciarleglio@jhancock.com
416-852-5074 [Phone]
416-852-7166 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.)
200 Bloor Street East
Toronto, ON M4W 1E5
(800) 333-0963 ext. [Phone]

CoCode: 65838
Group Code: 904
Group Name:
FEIN Number: 01-0233346

State of Domicile: Michigan
Company Type: Lead Company
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 forms x \$50
Per Company: No

Company	Amount	Date Processed	Transaction #
John Hancock Life Insurance Company (U.S.A.)	\$100.00	11/13/2012	64839037

SERFF Tracking #:	MNLF-128721170	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	Group Annuity Contract Application		
Project Name/Number:	2013 Update/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/26/2012	11/26/2012

State:	Arkansas	Filing Company:	John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	Group Annuity Contract Application		
Project Name/Number:	2013 Update/		

Disposition

Disposition Date: 11/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Application Use Summary		Yes
Supporting Document	Memorandum of Bracketed Language		Yes
Form	Group Annuity Contract Application		Yes
Form	Group Annuity Contract Application		Yes

State:	Arkansas	Filing Company:	John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	Group Annuity Contract Application		
Project Name/Number:	2013 Update/		

Form Schedule

Lead Form Number: GP1600(AR)(0113)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Annuity Contract Application	GP1600(AR)(0113)	AEF	Initial			GP1600(AR)(0113).pdf
2		Group Annuity Contract Application	GP1602(AR)(0113)	AEF	Initial			GP1602(AR)(0113).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available **ONLY** to Plans Qualified under **Section 401(a)** of the Internal Revenue Code

DO NOT USE this application for any other type of plan.

SECTION A - APPLICANT

1. Name	<small>Plan Name</small> The Trustees of Plan		
2. Trustee's Address	<small>Street No. and Name</small>		<small>Suite No.</small>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	<small>Employer</small>		
2. Employer's Address	<small>Street No. and Name</small>		<small>Suite No.</small>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

3. Type of Organization Sponsoring Plan:

☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Other

➤ If the above Organization is a government entity, please also select appropriate option below:

☐ State ☐ Political Subdivision of a State, including a Municipality ☐ Agency or Instrumentality of a State or of a Political Subdivision of a State, including a Municipality

4. Type of Qualified 401(a) Plan

<input type="checkbox"/> Profit Sharing / 401(k) Standard	<input type="checkbox"/> Profit Sharing / 401(k) SIMPLE	<input type="checkbox"/> Profit Sharing / Safe Harbor 401(k)
<input type="checkbox"/> Profit Sharing (excluding 401(k))	<input type="checkbox"/> Money Purchase	<input type="checkbox"/> Defined Benefit
<input type="checkbox"/> Other type of 401(a) plan <input type="text"/>		

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions	<input type="text" value="\$"/>
2. Estimated amount of first year external transfer contributions	<input type="text" value="\$"/>
3. The external transfer contribution will be: (check one if applicable)	<input type="checkbox"/> Contributed in one lump sum at Contract inception
	<input type="checkbox"/> Contributed in installments <input type="text" value="Specify timing and amounts"/>

[01][NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SECTION E – AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First Last	Title	Signature
Print Name – First Last	Title	Signature

SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the John Hancock USA Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is qualified under Section 401(a) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so qualified.

Signed at

City	State
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On

Day	Month	Year
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On Behalf of Contractholder by

Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature

Witness

Print Name – First Last	Signature
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Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available **ONLY** to *Trusteed Eligible Deferred Compensation Plans of State and Local Governments* described in **Section 457(b)** of the Internal Revenue Code.

DO NOT USE this application for any other type of plan.

SECTION A - APPLICANT

1. Name

Plan Name	
The Trustees of	Plan

2. Trustee's
Address

Street No. and Name	Suite No.	
City	State	Zip Code

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan
Sponsor

Employer

2. Employer's
Address

Street No. and Name	Suite No.	
City	State	Zip Code

3. Type of Organization Sponsoring Plan:

- ☐ State ☐ Political Subdivision of a State, including a Municipality ☐ Agency or Instrumentality of a State or of a Political Subdivision of a State, including a Municipality

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions:

\$

2. Estimated amount of first year external transfer contributions:

\$

3. The external transfer contribution will be (if applicable):

☐ Contributed in one lump sum at Contract inception

☐ Contributed in installments

Specify timing and amounts

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[01][NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SECTION E - AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First Last	Title	Signature
Print Name – First Last	Title	Signature

SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the John Hancock USA Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is a Trusteed Eligible Deferred Compensation Plan of State and Local Governments described in Section 457(b) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so eligible.

Signed at

City	State
------	-------

On

Day	Month	Year
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On Behalf of Contractholder by

Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature

Witness

Print Name – First Last	Signature
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State:	Arkansas	Filing Company:	John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	Group Annuity Contract Application		
Project Name/Number:	2013 Update/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Redlined applications attached for ease of reference. Clean forms attached to forms tab.		
Attachment(s):			
GP1600(AR)(0113)_REDLINE.pdf			
GP1602(AR)(0113)_REDLINE.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application Use Summary		
Comments:			
Attachment(s):			
AR - Application Use Summary.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Bracketed Language		
Comments:			
Attachment(s):			
Memorandum of Bracketed Language.pdf			



Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available **ONLY** to Plans Qualified under **Section 401(a)** of the Internal Revenue Code
DO NOT USE this application for any other type of plan.

SECTION A - APPLICANT

1. Name	Plan Name The Trustees of			Plan
2. Trustee's Address	Street No. and Name		Suite No.	
	City	State	Zip Code	

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	Employer		
2. Employer's Address	Street No. and Name		Suite No.
	City	State	Zip Code

3. Type of Organization Sponsoring Plan:

☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Other

➤ If the above Organization is a government entity, please also select appropriate option below:

☐ State ☐ Political Subdivision of a State, including a Municipality ☐ Agency or Instrumentality of a State or of a Political Subdivision of a State, including a Municipality

4. Type of Qualified 401(a) Plan ☐ Profit Sharing / 401(k) Standard ☐ Profit Sharing / 401(k) SIMPLE ☐ Profit Sharing / Safe Harbor 401(k)
☐ Profit Sharing (excluding 401(k)) ☐ Money Purchase ☐ Defined Benefit

☐ Other type of 401(a) plan

~~5. Are you using John Hancock Life Insurance Company (U.S.A.) Prototype Plan Document?~~

~~☐ Yes (complete the following)~~

IRS Serial Number

~~☐ Standardized~~

~~☐ Non-Standardized~~

~~☐ No (continue to Section D)~~

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions	\$ <input type="text"/>
2. Estimated amount of first year external transfer contributions	\$ <input type="text"/>
3. The external transfer contribution will be: (check one if applicable)	<input type="checkbox"/> Contributed in one lump sum at Contract inception <input type="checkbox"/> Contributed in installments <input type="text"/>

GP1600(AR)(0113)

[01][NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SECTION E – AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First	Last	Title	Signature
Print Name – First	Last	Title	Signature

SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the John Hancock USA Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is qualified under Section 401(a) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so qualified.

Signed at

City	State
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On

Day	Month	Year
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On Behalf of Contractholder by

Print Name – First	Last	Title Trustee	Signature
Print Name – First	Last	Title Trustee	Signature
Print Name – First	Last	Title Trustee	Signature

Witness

Print Name – First	Last	Signature
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Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available **ONLY** to *Trusted Eligible Deferred Compensation Plans of State and Local Governments* described in **Section 457(b)** of the Internal Revenue Code.

DO NOT USE this application for any other type of plan.

SECTION A - APPLICANT

1. Name	<small>Plan Name</small> The Trustees of Plan		
2. Trustee's Address	<small>Street No. and Name</small>		<small>Suite No.</small>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	<small>Employer</small>		
2. Employer's Address	<small>Street No. and Name</small>		<small>Suite No.</small>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

3. Type of Organization Sponsoring Plan:

- ☐ State ☐ Political Subdivision of a State, including a Municipality ☐ Agency or Instrumentality of a State or of a Political Subdivision of a State, including a Municipality

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions:	\$
2. Estimated amount of first year external transfer contributions:	\$
3. The external transfer contribution will be (if applicable):	
<input type="checkbox"/> Contributed in one lump sum at Contract inception	
<input type="checkbox"/> Contributed in installments	<small>Specify timing and amounts</small>

[01][NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SECTION E - AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First Last	Title	Signature
Print Name – First Last	Title	Signature

SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the John Hancock USA Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is a Trusteed Eligible Deferred Compensation Plan of State and Local Governments described in Section 457(b) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so eligible.

Signed at

City	State
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On

Day	Month	Year
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On Behalf of Contractholder by

Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature

Witness

Print Name – First Last	Signature
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APPLICATION USE SUMMARY - ARKANSAS

The following application is intended for use with the forms listed below:

APPLICATION NAME

Group Annuity Contract Application
Group Annuity Contract Application

NEW FORM NUMBER

GP1600(AR)(0113)
GP1602(AR)(0113)

Approved Group Annuity Form Names and Form Numbers

<u>CONTRACT NAME</u>	<u>EFFECTIVE DATE</u>	<u>FORM NUMBERS</u>	<u>APPROVAL DATE</u>
ARA	July 25, 2012	GAC1000(ARA06)(0712)	May 31, 2012
	March 21, 2011	GAC1000(ARA06)(0311)	November 30, 2010
	September 7, 2009	GAC1000(ARA06)(0909)	May 15, 2009
	December 31, 2007	GAC1000(ARA06G)	October 5, 2007
	August 6, 2007	GAC1000(ARA06)(0807)	May 17, 2007
457	July 25, 2012	GAC1100(457)(0712)	May 31, 2012
	March 21, 2011	GAC1100(457)(0311)	November 30, 2010
	September 7, 2009	GAC1100(457)(0909)	May 15, 2009
	December 31, 2007	GAC1100(457G)	January 24, 2008
	December 31, 2007	GAC1100(45707)	January 9, 2008
MONEY MANAGER	Effective November 1, 1996	GP2810(MM96)	September 18, 1996
OPTIMIX	Effective November 1, 1996	GP2820(OP96)	September 18, 1996
ULTRAFLEX	January 15, 2006	GAC1400(UF05)	October 31, 2005
OPTIMIX PLUS	Effective May 30, 1997	GP1832(OPPLUS97)	March 17, 1997
ULTRAFLEX PLUS	Effective July 1, 1998	GP1844(UFPLUS98)	May 18, 1998
	Effective May 30, 1997	GP1843(UFPLUS97)	March 17, 1997

**MEMORANDUM OF BRACKETED LANGUAGE ON FORMS GP1600(AR)(0113) and
GP1602(AR)(0113)**

All bracketed language included in the submitted forms has been previously approved and no other language will be included. All content shown in square brackets represent the State specific language requirements that must be used in issuing these forms as directed by the State.

Form Number

Description

GP1600(AR)(0113)	[01]	- always included. The text is in brackets to show that it is variable based on the most current State specific language requirements.
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GP1602(AR)(0113)	[01]	- always included. The text is in brackets to show that it is variable based on the most current State specific language requirements.
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